

## REPLACEMENT CREDENTIAL CARD REQUEST

**Replacement Fee (nonrefundable): \$15.00**

**Mark with a (x) in front of the type of credential(s) you currently hold in the table below:**

	<b>Credential Class</b>	<b>Fiscal</b>
<input type="checkbox"/>	PLUMBING/ FIRE SPRINKLER	7630
<input type="checkbox"/>	ELECTRICAL	7631
<input type="checkbox"/>	HVAC/ REFRIGERANT HANDLER	7642
<input type="checkbox"/>	BUILDING CONTRACTOR	7644
<input type="checkbox"/>	COMMERCIAL BUILDING INSPECTOR	7648
<input type="checkbox"/>	DWELLING CONTRACTOR/ UDC INSPECTOR	7655
<input type="checkbox"/>	ELEVATOR	8260
<input type="checkbox"/>	OTHER (Write in)	

**Please make any necessary address/ phone changes in the box below:**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

<b>Applicant/ Business Information</b>	Customer Id #
Applicant's Social Security	Business FEIN number
Applicant's / Business Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	

**Send application and payment to:** State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

**Overnight mail delivery and Office location:** State of Wisconsin, Department of Commerce-Credentialing 201 W. Washington Ave., Madison, WI 53703

**All other correspondence:** Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707